

Registration Form for Training Seminar – “Presenting the Partnership”

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone #: _____

E-mail address: _____

Date selected – First choice: _____ Second choice: _____

* Directions to the seminar location selected will be included in your confirmation letter.

* Payment for **\$20** must accompany registration form. Cash, money orders, and checks accepted. There will be no refunds. **Checks or money orders should be made payable to “Treasurer, State of Indiana.”**

Return completed registration form and payment to:

Indiana Long Term Care Insurance Program, MS-07
402 W. Washington St., Room W382
Indianapolis, IN 46204

There are no continuing education credits available for this course.